<b>Application</b>	or	Docket	Number
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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

		JLAIIVIS AS	(Column 1		(Colun	nn 2)		SMALL EN	ITITY	OR	OTHER SMALL	
TOT	TAL CLAIMS		10			1	ſ	RATE	FEE	 	RATE	
OR		<del></del>	NUMBER FI	II FD	NUMBE	R EXTRA		BASIC FEE	355.00	OR	BASIC FEE	-
	AL CHARGEAB	LE CLAIMS			* ~	-					V#40	-
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MUL	TIPLE DEPEND	JENT CLAIM PF	IESEN I					+135=		OR	+270=	(
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	CL	AIMS AS A	MENDED					SMALL E	ENTITY	OR	OTHER SMALL	
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NT B		CLAIMS REMAINING AFTER		HIGH NUM PREVI	mn 2) HEST IBER OUSLY FOR	(Column 3			ADDI- TIONAL FEE	OR		:L
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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

=47=1427

NUMBER FILED NUMBER EXTRA  DEPENDENT CLAIMS minus 20= *	AN
NUMBER FILED NUMBER EXTRA  OTAL CHARGEABLE CLAIMS	AN TITY DDI-
DEPENDENT CLAIMS  minus 3 = * 2  ULTIPLE DEPENDENT CLAIM PRESENT  If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR  Total * Minus *** =   Independent * Minus *** =   BEST AVAILABLE COPY  X80=   Column 2	AN FITY DDI- ONAL
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ULTIPLE DEPENDENT CLAIM PRESENT  If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR  AMENDMENT PREVIOUSLY PAID FOR  Independent	AN FITY DDI- ONAL
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CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT  Total  * Minus  ***  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  BEST AVAILABLE  COlumn 2) (Column 3)  ***  ***  ***  ***  ***  ***  ***	AN TITY DDI- DNAL
(Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT  Total  Independent  Minus  ***  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  BEST AVAI ABLE COPY  SMALL ENTITY  OR SMALL ENTITY  TOTAL  TO	DDI- ONAL
CLAIMS REMAINING AFTER AMENDMENT  Total  Independent  Minus  ***  BESTAVALABLE COPY  COddmin 2)  (Coddmin 3)  HIGHEST NUMBER PRESENT EXTRA  PRESENT EXTRA  PRESENT EXTRA  PRESENT EXTRA  RATE TIONAL FEE  X\$ 9=  X40=  OR  X\$18=  COR  TOTAL  HIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  TOTAL  T	DDI- ONAL
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O Totals - X\$ 9= X\$ 9= OR X\$18=	
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * TOTAL ADDIT. FEE	
***If th "Highest Number Pr viously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.	